

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No.

318

Primary Registration District No.

1003

Registrar's No.

6200-63-028218

FILED JUN 21 1963

1. PLACE OF DEATH

a. COUNTY

b. CITY (If outside corporate limits, give TOWNSHIP only)
OR
TOWN St. Louis

Length of stay in 1b
6 yr

c. FULL NAME OF (If NOT in hospital, give location)
HOSPITAL OR
INSTITUTION Masonic Home of Mo.

Inside Limits
Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE Mo.

b. COUNTY

admission)

c. CITY
OR
TOWN St. Louis

Inside Limits
Yes ☒ No ☐

d. STREET
ADDRESS
1007 Allen Ave.

Reside on Farm
Yes ☐ No ☒

3. NAME OF DECEASED

(Type or print)

First
John

Middle
Thomas

Last
Nagel

4. DATE
OF
DEATH

Month
June

Day
9

Year
1963

5. SEX

M

6. COLOR OR RACE

W

7. Married ☐ Never Married ☒

Widowed ☐ Divorced ☐

8. DATE OF BIRTH

6/6/1882

9. AGE (last birthday)

81

10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Pedler

11b. KIND OF BUSINESS OR INDUSTRY

unk

11. BIRTHPLACE (City and state or country)

Opdyke, Ill.

12. CITIZEN OF WHAT COUNTRY

U.S.A.

13a. FATHER'S NAME

George Jacob Nagel

13b. MOTHER'S MAIDEN NAME

Lizzie Pollard

14. NAME OF HUSBAND OR WIFE

none

15. WAS DECEASED EVER IN U.S. ARMED FORCES?

(Yes, no, or unknown) (If yes, give war or dates of service)
no

16. SOCIAL SECURITY NO.

17. INFORMANT

Masonic Home of Mo.
5351 Delmar Blvd.

Address

Carl V. Stein

18. CAUSE OF DEATH (Enter only one cause per line)

PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

Branchio pneumonia (Terminal)

INTERVAL BETWEEN ONSET AND DEATH

24 hrs.

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

DUE TO (b)

Generalized Arteriosclerosis

UNKNOWN

DUE TO (c)

450.0

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

PART III. If deceased was female was there a pregnancy in last 90 days.

☐ Yes ☐ No ☐ Unknown

19. WAS AUTOPSY PERFORMED?

YES ☐ NO ☒

20a. ACCIDENT

SUICIDE

HOMICIDE

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY

Hour
a.m.
p.m.

20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION

COUNTY

STATE

21. I attended the deceased from 6/29/57 to 6/9/63 and last saw him alive on 6/9/63

Death occurred at 1:30 P.M. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

(Degree or title)

Harold E. Walters M.D.

22b. ADDRESS

3120 Washington St. Louis

22c. DATE SIGNED

6-10-63

23a. BURIAL, CREMATION, REMOVAL (Specify)

Burial

23b. DATE

6-12-63

23c. NAME OF CEMETERY OR CREMATORY

Bellefontaine Cemetery

23d. LOCATION (City, town, or county)

St. Louis Mo.

(State)

24. FUNERAL DIRECTOR

ADDRESS

Harry A. Kraeger, 24 Chapel Hill

25. DATE RECD. BY LOCAL REG.

JUN 11 1963

26. REGISTRAR'S SIGNATURE

Carl Smith, M.D.

USE BLACK INK

OR
TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

ITEM NO. SHOULD READ

INSTEAD OF

BY AFFIDAVIT OF

DOCUMENT

DATE AMENDED

VS 300
Rev. 4/59

1

2

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86

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____

Signature of Student Embalmer

Signed

Harvey Kahle

Licensed Embalmer No.

4596

P. O. Address

St Louis, Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.